

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name U.S. Chamber of Commerce

(b) Address (number and street) ☐ check if different than previously reported
1615 H Street NW

(c) City, State and ZIP Code
Washington, DC 20062

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number
C30001101

3. Is This Statement☒ New

or

☐ Amended**4. Covering Period**09 03 2010
through09 15 2010

6. (a) Date of Public Distribution(s) 09 15 2010 (b) Communication Title 'Flip Flopper'

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐

8. Custodian of Records

(a) Name Rob Engstrom

(b) Address (number and street)
1615 H Street NW

(c) City, State and ZIP Code
Washington, DC 20062

(d) Name of Employer or Principal Place of Business (e) Occupation
U.S. Chamber of Commerce Vice President

9. Total Donations This Statement0.00**10. Total Disbursements/Obligations This Statement**1,000,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rob Engstrom

SIGNATURE



DATE

9/14

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name	
Rob Engstrom	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Vice President
B. (a) Name	
Bill Miller	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 of 3

A. Full Name (Last, First, Middle Initial) of Payee <u>Revolution Agency</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">09/03/2010</div>	
Mailing Address of Payee <u>1090 Vermont Ave NW Ste 1230</u>				Amount <div style="border: 1px solid black; padding: 2px;">1,000,000.00</div>	
City <u>Washington DC</u>		State <u>DC</u>		Zip Code <u>20005</u>	
Name of Employer <u>Revolution Agency</u>		Occupation <u></u>		Communication Date <div style="border: 1px solid black; padding: 2px;">09/15/2010</div>	
Purpose of Disbursement (including title(s) of communication(s)) <u>"Flip Flopper" - TV Spot</u>					
Name of Federal Candidate <u>Charlie Crist</u>		Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) >	
Name of Federal Candidate <u></u>		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >	
Name of Federal Candidate <u></u>		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >	
B. Full Name (Last, First, Middle Initial) of Payee <u></u>					
Mailing Address of Payee <u></u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</div>	
City <u></u>		State <u></u>		Zip Code <u></u>	
Name of Employer <u></u>		Occupation <u></u>		Amount <div style="border: 1px solid black; padding: 2px;"></div>	
Purpose of Disbursement (including title(s) of communication(s)) <u></u>					
Name of Federal Candidate <u></u>		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >	
Name of Federal Candidate <u></u>		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >	
Name of Federal Candidate <u></u>		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >	
SUBTOTAL of Disbursements/Obligations This Page (optional)				<div style="border: 1px solid black; padding: 2px;"></div>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;">1,000,000.00</div>	

Federal Election Commission
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